

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

10/049985

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
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49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* IND.	* DEP.	* IND.		* DEP.	
		IND.	DEP.	IND.	DEP.
51	/				
52	/				
53	/				
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89	/				
90	/				
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93	/				
94	/				
95	/				
96	/				
97					
98					
99					
100					
TOTAL IND.	3				
TOTAL DEP.	49				
TOTAL CLAIMS	50				